

## RECEIVED

FEB 1 2 2008

MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 242 State Street, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

☐ Please check if this is an update to a previously filed statement for the calendar year 2007.								
LEGISL	ATOR INFORMATION							
Name		Member of:						
LAWrence G. Sirvis	· *	X House ☐ Senate						
Mailing address		District 91						
87 POTATO Rd		,,						
City, zip code		Phone						
The bush Mrs 04)05	} a							
City, zip code Turner, Me 04282	(207) 225-3316							
PART 1. INCOME DERIVE	ED FROM EMPLOYMENT BY ANO	THER						
List the name and address of each employer from verticity of each employer.	vhom you received compensation	of \$1,000 or more. Specify the						
Name of Employer	Address	Principal Type of Economic						
MAINE Public EMPloyers Retirem STATE of Me Office of Conti MSAD#52 486 Turne	rut Augusta	Retiral Texcher  Regislator  Tencher Adult Ed						
CTOTT OF ME OF COUNTY	rolla necto	beaudator						
STATE Of the Office of Object	TOPIOU HUHIOTA	The state of						
M S A D # 50- 486 TUTWE	r Center Rd Turner	TEACHER HOULD bet						
<b>Q</b>								
		and photocology (1994) is a second control of the definition of the control of th						
: : *	•							
		:						
PART 2 INCOME DE	RIVED FROM SELF-EMPLOYMEN	Manual Process   1985   19						
	rs who are self-employed.)	(M. ) - (1) 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
A. List the name and address of your business, if	any, and list the major areas of ed	conomic activity from which you						
derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major								
areas of economic activity of that entity.								
	Moior Aross of Economic Activity	Major Areas of Economic						
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Activity (partnership, association or similar						
A CONTRACTOR OF THE CONTRACTOR	A CONTRACTOR OF THE CONTRACTOR	/ business entity)						
Name: City of Auburn	Parks to Rection	11/200 Referrer						
Address: 60 Court ST	Refere	• • • • • • • • • • • • • • • • • • •						
Name: City of Auburn Address: 60 Count ST Auburn	en la companya de la La companya de la co							
Name:								
Address:								

PART 2 (continued). INCOME DERIVED FROM SELF- (For Legislators who are self-employed.)	-EMPLOYMENT	
B. List each source of income derived from self-employment that represents more than 10 is greater, and specify the principal type of economic activity of the entity or person from w disclosure is prohibited by law, rule, or an established code of professional ethics, specify the entity or person from whom the income was derived.	hom you derived such income. If this fo	rm o
Name and Address of Source	Principal Type of Econom Activity of Entity or Person V is the Source of the Incon	Who
Name:	-	
Address:		
Name:	The second secon	-
Address:		
PART 3. MAJOR AREAS OF PRACTICI (For Legislators who are attorneys-at-law only.)		
List your major areas of practice. If associated with a law firm, list the major areas of practi	ice of your firm.	
I Name and Address of time	eas of Practice Major Areas of Prac (self) (firm)	ctice
Name:	•	
Address:		,
Name:		
Address:		-
PART 4. OTHER SOURCES OF INCOMI		
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do	not include gifts. If none, check the box.	
None		. '
Name and Address of Source	Kind of Income (investments, leases, etc	.)
Name:	de la company	
Address:		
Name:		
Address:	-	
PART 5. REPORTABLE LIABILITIES		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received of areas of economic activity of each creditor. Do not list loans from a relative. If none, check		najor
None		
Name and Address of Creditor	Principal Type of Econom Activity of Creditor	ic
Name:		
Address:		
Name:		
Address:	# # # # # # # # # # # # # # # # # # #	
PART 6. REPORTABLE GIFTS		
List the specific source of each gift of more than \$300. Include gifts with an aggregate valuation, check the box	ue of more than \$300 from a single sourc	e. If
None	and the second s	
Name of Source of Gift	Name of Source of Gift	
1.		
2. 4.	n Company of the Comp	

<u> </u>			
PART 7. REPORTABL			
List the source of any honoraria accepted for appearances or speeches	related to	your of	fficial duties. If none, check the box.
None			
Name of Source of Honoraria	a gradu y	Ň	Name of Source of Honoraria
1. 3.			
2. 4.	The state of the s		
PART 8. REPRESENTATION BE	FORE S	TATE A	AGENCIES
List each executive branch agency before which you represented or as the box.			
None	W-40-4		Zania de la companya
Name of Agency	- 1 21		Name of Agency
1			- The state of the
2. 4.		of A. W.	
PART 9. BŮSÍNESS WITH	STATE /	ŠGEŇ(	CIES
List each executive branch agency to which you or a member of your im \$1,000 during the reporting period. If none, check the box.			
None	CONTRACTOR OF THE PROPERTY OF		
Name of Agency			Name of Agency
1. 3.	Company of the compan	. 22 <u> </u>	ranc of Agency
2. 4.		-	
PART 10. (NCOME RECEIVED BY MEN	BERS O	FIMM	IFNIATE FAMILY
List the type of economic activity representing each source of income of (ren) during the reporting period and the kind of income represented. Do "D" for income received by dependents.	f \$1 000 c	or moro	received by your angues or desired to 1.1.1.1
Type of Economic Activity Representing Source of Income Received	appro	rcle opriate tter	Kind of Income
1. Social worker STATE of MAINE	AND 25 - 35	D	WAGES
2.	S	D	
3.	S	D	
4.	S	D	and the second s
SIGNATUR	E (		
A Legislator who willfully fails to file a required statement is subject	to a fine	of \$10	0 per business day until the report is filed

(1 M.R.S.A. § 1017-A)

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 1019)

Feb 9, 2008 Date

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Please provide information you a	any additional are providing.	information	below (and	on addi	tional sh	neets if n	eeded).	Indicate	the part o	or section	number	for the
Part/Section Number	The second secon	A months of the second	minera Mandre, destre transfer meson					enter of the Control of		THE CONTRACT AND THE	on the second se	
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